## Kentucky eHealth Summit

**September 17, 2013** 





## Meaningful Use Stage 2

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## Meaningful Use

"HITECH's goal is not adoption alone but "meaningful use" of EHRs—that is, their use by providers to achieve significant improvements in care. The legislation ties payments specifically to the achievement of advances in health care processes and outcomes."

-Dr. David Bluementhal







#### THE JOURNEY CONTINUES

Use information to transform **Improved** population health **Enhanced access** and continuity Data utilized to Data utilized to improve delivery improve delivery and outcomes and outcomes Improve access Patient engaged, Patient self to information community management resources **Patient centered Utilize technology** Care coordination **Care coordination** care coordination to gather **Evidenced based** Team based care, information **Patient informed** medicine case management **Basic EHR** Registries for Registries to Structured data functionality, disease manage patient utilized structured data populations management Privacy & security **Privacy & security Privacy & security Privacy & security** protections protections protections protections

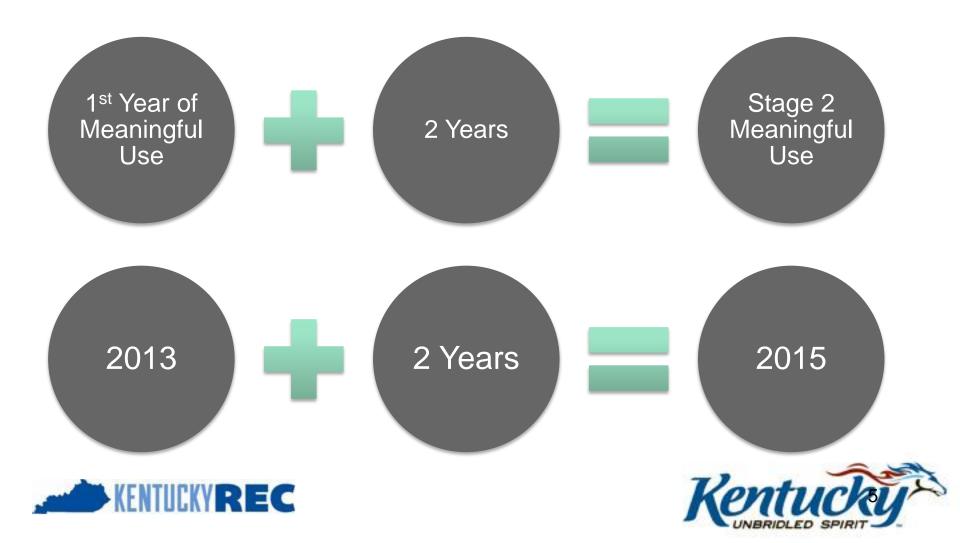
Stage 1 MU

Stage 2 MU

PCMHs 3-Part Aim ACOs Stage 3 MU

## Meaningful Use Timeframe

Everyone starts in Stage 1; No one starts Stage 2 before 2014



#### MU Stage by EHR Participation Year 2013 \* 2014 2015 2012 2016 2017 2011 Stage Stage

For 2014 only: All providers regardless of their stage of MU are only required to demonstrate MU for a three-month reporting period.

## 2014 Required Reporting Periods

#### **Hospitals**

**Providers** 

Q1

• Oct 1 – Dec 31, 2013

Q1

• Jan 1 – Mar 31, 2014

Q2

• Jan 1 – Mar 31, 2014

Q2

• Apr 1 – Jun 30, 2014

**Q**3

• Apr 1 – Jun 30, 2014

Q3

• July 1 - Sep 30, 2014

Q4

• July 1 - Sep 30, 2014

Q4

• Oct 1 – Dec 31, 2014





## Changes to Stage 1: CPOE

# Current Stage 1 Measure



 Denominator = unique patient with at least one medication in medication list

#### New Stage 1 Option

 Denominator = number of orders during EHR reporting period

This optional CPOE denominator is available in 2013 and beyond for Stage 1





## Changes to Stage 1: Vital Signs

# Current Stage 1 Measure



- Age limits = Age 2 for blood pressure & height/weight
- Exclusion = All 3
   elements not
   relevant to scope of
   practice

#### New Stage 1 Measure

- Age limits = Age 3 for blood pressure, no age limit for height/weight
- Exclusion = Blood pressure to be separated from height/weight

The vital signs changes are optional in 2013, but required starting in 2014



## Changes to Stage 1: Testing of HIE

# Current Stage 1 Measure



 One test of electronic transmission of key clinical information

#### Stage 1 Measure Removed

 Requirement removed effective 2013





#### Changes to Stage 1: E-Copy & Online Access

# Current Stage 1 Objective



Objective =
 Provide patients with e-copy of health information upon request.
 Provide electronic access to health information

#### New Stage 1 Objective

Objective =
 Provide patients the ability to view online, download and transmit their health information

The measure of the new objective is 50% of patients have access to their information; there is no requirement that 5% of patients do access information for Stage 1. The change in objective takes effect in 2014 to coincide with the 2014 certification and standards criteria.



## Stage 2 Meaningful Use

- New Criteria Starting in 2014, providers participating in the EHR Incentive Programs, who have met Stage 1 of Meaningful Use (MU) for two or three years will need to meet MU Stage 2 criteria.
- Improving Patient Care Stage 2 includes new objectives to improve patient care through enhanced clinical decision support, care coordination and patient engagement.
- Saving Time, Money and Lives —The onset of Stage 2 will save our health care systems time and money, and will also contribute to a reduction of health-related errors—thus saving lives.



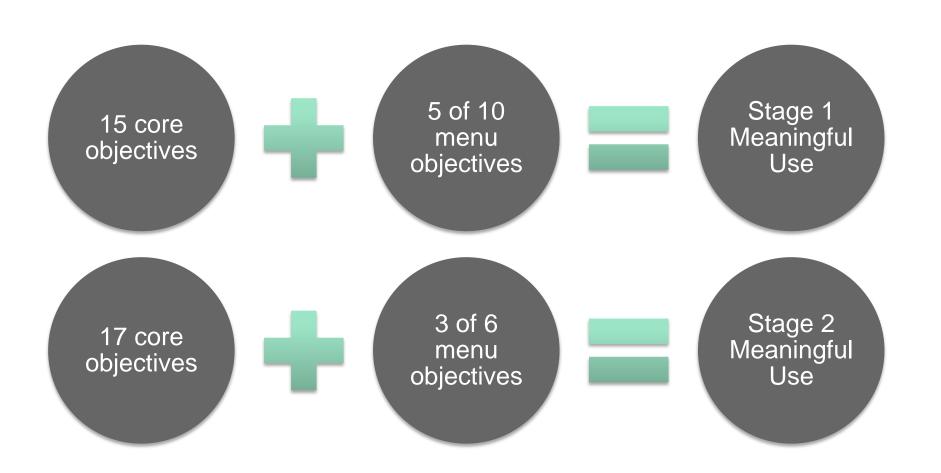




## 2014 Certified Vendors



## Stage 1 vs. Stage 2: Providers







#### **New Measures**

- Secure Messaging
- Family Health History
- Imaging Results
- Registry Reporting
- Progress Notes

EP



- Online Patient Information
- Family Health History
- Imaging Results
- Registry Reporting
- Progress Notes
- E-Prescribing
- eMAR
- Electronic lab results

Hospital





#### **Moved Measures**

- Lab Results
- Patient Lists
- Patient Education
- Summary of Care Records
- Medication Reconciliation
- Immunizations
- Patient Reminders
- Online Patient Information

 $\mathsf{EP}$ 



- Lab Results
- Patient Lists
- Patient Education
- Summary of Care Records
- Medication Reconciliation
- Immunizations
- Public health lab results
- Syndromic surveillance









#### Stay Connected with Kentucky REC

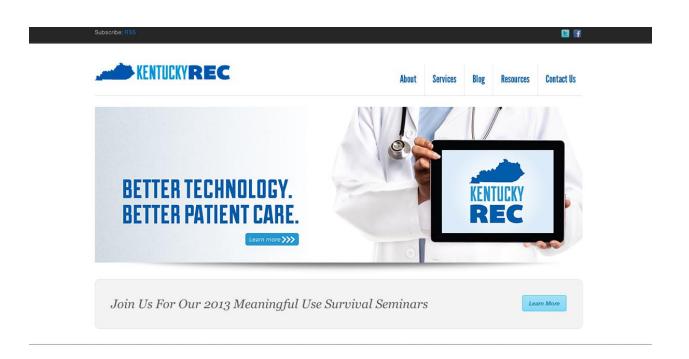
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# Eligible Hospital and Eligible Professional Core and Menu Measures

Andrew Bledsoe, MBA Network Director





## **Emergency Department Visits**

# Counting ED Visits

#### All ED Visits Method:

 All ED admissions are counted in the denominator. All actions taken in the inpatient setting or ED would count for MU.

#### Observation Method:

 Denominator would include patients who are admitted to the inpatient setting through the ED as well as those patients who presented to the ED and were treated in the ED's observation unit or received observation services.



Measures denoted with yellow star



# Meaningful Use Core Measures





#### **CPOE**

- -Use **C**omputerized **P**rovider **O**rder **E**ntry for **Medication**, **Laboratory** and **Radiology** Orders
  - -60% Medication Orders
  - -30% Laboratory Orders
  - -30% Radiology Orders
- -All three thresholds must be met
- -Any licensed healthcare professional and credentialed medical assistant can enter order





#### **ePrescribe**

#### EΗ

- eRx for more than 10% of patients discharged
- Query a drug formulary
- Menu

#### EP

- eRx for more than 50% of patients
- Query a drug formulary
- Core



## **Record Demographics**

- Record following demographics for 80% seen by EP, admitted through ED or into EH
  - Preferred Language
  - Sex
  - Race
  - Ethnicity
  - Date of Birth
  - Date and Preliminary Cause of Death in the event of mortality in the eligible hospital (EH Only)





## **Record Vital Signs**

- Record vital signs for 80% of all unique patients (admitted to inpatient or emergency dept.)
  - Record and chart:
    - Height/length and weight (no age limit)
    - Blood pressure (ages 3 and over)
    - Calculate and display BMI
    - Plot display grown charts for patients 0-20 years





## **Record Smoking Status**

- Smoking status must be recorded for 80% of unique patients 13 years old or older (admitted to inpatient or emergency dept.)
  - Coded in SNOMED:
    - Current every day smoker
    - Current some day smoker
    - Former smoker
    - Smoker, current status unknown
    - Unknown if ever smoked
    - Heavy tobacco smoker
    - Light tobacco smoker





## Clinical Decision Support Rule – Part 1

- Implement five clinical decision support interventions for the entire reporting period
  - Related to four or more CQM's
    - If four CQM's not applicable for EH, must be highpriority health conditions.
    - Recommended that one intervention be related to improving healthcare efficiency





## Clinical Decision Support Rule – Part 2

- The drug-drug and drug-allergy interaction checks for the entire EHR reporting period are enabled in the EHR system.
  - Cannot be used as one of the CDS intervention





#### **Clinical Summaries**

 EPs only: Provide summaries for 50% of office visits within 1 business day







#### **Protect Electronic Health Information**

- Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), 312(a)(2)(iv) and 306(d)(3).
  - Testing can occur before the attestation period, but must be completed within the program year FFY or CY.
  - Plus encryption





### **Clinical Lab-Test Results**

• 55% of all clinical lab tests results ordered by authorized providers for patients whose results are either in a positive/negative affirmation or numerical format are incorporated into EHR.





#### **Patient Lists**

- Generate at least one report listing patients with a specific condition
  - Should be used for quality improvement, reduction of disparities, research or outreach







#### **Preventive Reminders**

 EPs only: More than 10% of all unique patients who have had two or more office visits with the EP within the 24 months before the beginning of the EHR reporting period were sent a reminder, per patient preference when available





### **Education Resources**

 Use EHR to identify and provide education resources identified by CEHRT and provide to more than 10% of patients







## **Medication Reconciliation**

- Medication Reconciliation is performed for more than 50% of transitions of care
  - In which the patient is admitted to the hospitals inpatient or emergency department.
    - All admissions to the inpatient and emergency department are included in this
  - EP's practice who receives a patient from another care setting. Ex: nursing home, hospital, specialist, etc.





## **Summary of Care – Measure 1**

 Provides a summary of care record for more than 50% of patients that are either being referred or transitioned into another care setting.





## **Summary of Care – Measure 2**

 Provides a summary of care record for more than 10% electronically using Certified Electronic Health Record Technology to a recipient or via an exchange facilitated by an organization that is a NwHIN Exchange participant (Direct Secure Messaging)





#### **Summary of Care – Measure 3**

- Must satisfy one of the two following:
  - Conduct one or more successful electronic exchanges of a summary of care document, which is counted in "measure 2" with a recipient who has EHR technology that was designed by a different EHR technology
  - Conduct one or more successful tests with the CMS designated test EHR during the EHR reporting period





#### **Secure Messaging**

- EPs only: Use secure electronic messaging to communicate with patients on relevant health information
  - A secure message was sent using the electronic messaging function of CEHRT by more than 5% of unique patients seen by the EP during the EHR reporting period.





#### Immunization Registry Data Submission

- Successful ongoing submission of electronic immunization data from Certified EHR Technology to an Immunization Registry
  - Must use HL7 2.5.1 unless previously demonstrated the transmission via HL7 2.3.1 was established in earlier years of MU.





#### Electronic Reportable Laboratory Results

 EH Only: Successful ongoing submission of electronic reportable laboratory results from EHR to a public health agency for the entire reporting period.





#### Syndromic Surveillance Data Submission

- Successful ongoing submission of electronic syndromic surveillance data from EHR to a public health agency for the entire EHR reporting period.
  - Syndromic Surveillance is Core for EH and Menu for EP





#### **Electronic Medication Administration Record (eMAR)**

- EH Only: Track 10% of medications from order to administration using assistive technologies in conjunction with an electronic medication administration record.
  - Not required for eMAR to be implemented in both inpatient and ED to meet measure, only that 10% of medication orders created are tracked using eMAR





# Meaningful Use Menu Measures





#### **Advance Directive**

• EH Only: Record more than 50% of unique patients 65 years or older admitted to inpatient or ED have an indication of an advance directive status recorded.





#### **Electronic Notes**

- One electronic progress note created, edited and signed by a provider for more that 30% of unique patients.
  - Test of electronic note must be text searchable and may contain drawings and other content.





# Imaging Results

- More than 10% of all tests whose result is one or more images ordered by a provider are accessible through the EHR
- Imaging results consisting of the image itself and any explanation or other accompanying information
  - Storing the images natively in the EHR is a recommended way to make them accessible.
  - Images and imaging results that are scanned into the EHR will count





# Family Health History

- More than 20% of all unique patients admitted during the reporting period have a structured data entry for family health history for one or more first-degree relatives
  - -First Degree Relative: A family member who shares about 50% of their genes with a particular individual in a family. (parents, offspring and siblings)
  - -Acceptable to record "unknown" for family history for individuals who do not know family history





#### **ePrescribe**

- Generate and transmit discharge prescriptions electronically for more than 10% of hospital discharge medication orders.
- Included new, changed and refilled
- Must be checked for the existence of a relevant formulary before submission.





### Lab Results to Ambulatory Providers

 Provide <u>structured</u> electronic lab results to ambulatory providers for more than 20% of electronic lab orders





#### **Cancer Cases**

 EP Only: Successful ongoing submission of cancer case information from CEHRT to a public health central cancer registry for the entire EHR reporting period





#### **Specific Cases**

 EP Only: Successful ongoing submission of specific case information from CEHRT to a specialized register (other than caner) for the entire EHR reporting period





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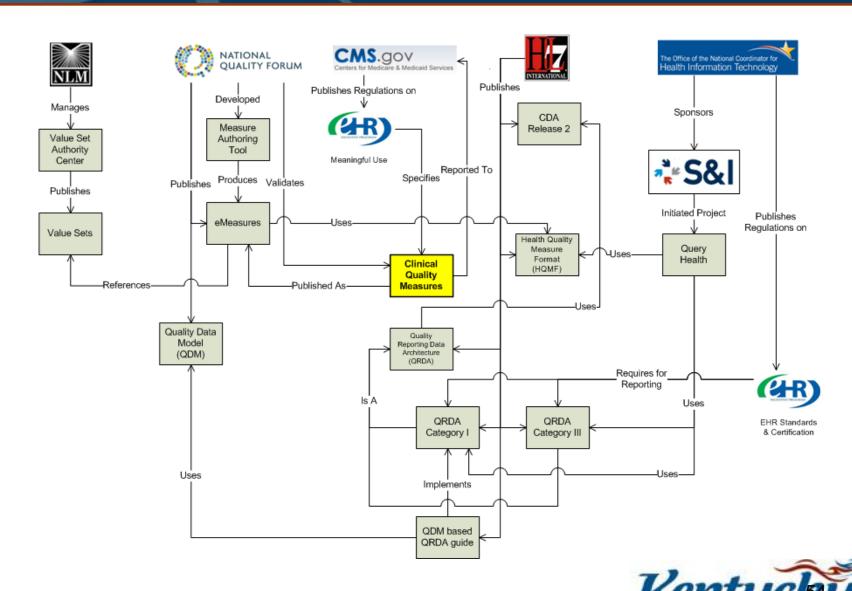




# Fran Reynolds Medical Practice Consultant HealthBridge

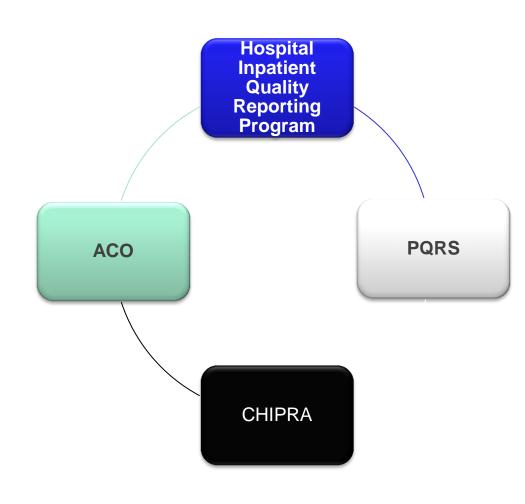


## Clinical Quality Measures



## Alignment Among Programs

 2014 represents CMS's commitment to aligning quality measurement and reporting among programs, including **Hospital Inpatient Quality Reporting** Program, PQRS, CHIPRA, and ACO Programs.





#### **CQMs & The CMS Incentive Programs**

- Although reporting CQMs is no longer a core objective of the EHR Incentive
   Programs, all providers are required to report on CQMs in order to demonstrate
   Meaningful Use.
- In 2014 and beyond, reporting programs (i.e., PQRS, eRx reporting) will be streamlined in order to reduce provider burden.



#### Reporting CQMs in 2014 and Beyond

•Beginning in 2014, all Medicare-eligible providers in their second year and beyond of demonstrating meaningful use **must electronically report** their CQM data to CMS.

•Medicaid providers will electronically report their CQM data to their state.



#### **Domains**

Patient and Family Engagement

**Patient Safety** 

**Care Coordination** 

Population/Public Health

Efficient Use of Healthcare Resources

Clinical Process/Effectiveness





## **Clinical Quality Measures**

Provider	Prior to 2014	2014 and Beyond*
EPs	Complete 6 out of 44:  3 core or 3 alt. core  + 3 menu	Complete 9 out of 64 Must cover at least 3 NQS domains Recommended core CQMs include: 9 CQMs for the adult population 9 CQMs for the pediatric population Prioritize NQS domains
Eligible Hospitals and CAHs	Complete 15 out of 15	Complete 16 out of 29 Choose at least 1 measure in 3 NQS domains



#### Reporting Options for EP's - 2014 and After

Category	Data Level	Payer Level	Submission Type	Reporting Schema		
EP's in First Year of MU	Aggregate	All Payer	Attestation	Submit 9 CQM's covering 3 Domains		
EP's Beyond the First Year of Demonstrating Meaningful Use						
Option 1	Aggregate	All Payer	Electronic	Submit 9 CQM's covering 3 Domains		
Option 2	Patient	Medicare Only	Electronic	Satisfy Requirements of PQRS using CEHRT		
Group Reporting (Only EP's Beyond the First Year of Demonstrating Meaningful Use)						
EP's in an ACO (Medicare Shared Savings Program or Pioneer ACO's	Patient	Medicare Only	Electronic	Satisfy Requirements of ACO		
EP's Satisfactorily Reporting via PQRS Group Reporting Options	Patient	Medicare Only	Electronic	Satisfy Requirements of PQRS Group reporting using CEHRT		



#### Recommended Core CQM's

- For both adult and pediatric providers,
   CMS is recommending certain core
   CQM's for providers
- These recommendations were based on the following:
- Conditions contributing to morbidity and mortality
- Conditions representing national public health priorities
- Conditions common to health disparities
- Conditions driving healthcare costs
- Measures allowing agencies to more effectively measure quality care
- Measures that include patient and/or caregiver engagement



#### Recommended Core CQM's

#### Adult Recommended Core Measures

**NQF: 018 Controlling High Blood Pressure** 

NQF: 022 Use of High-Risk Medications in the Elderly

NQF: 028 Preventative Care and Screening: Tobacco Use: Screening and Cessation Intervention

NQF: 052 Use of Imaging Studies for Low Back Pain

NQF: 418 Preventative Care and Screening: Screening for Clinical Depression and Follow-Up

NQF: 419 Documentation of Current Medications in the Medical Record

CMS 90v1 Functional Status Assessment for Complex Chronic Conditions

NQF: 421 Preventative Care and Screen: Body Mass Index Screening and Follow-Up

NQF: TBD Closing the Referral Loop: Receipt of Specialist Report



#### Recommended Core CQM's

#### Pediatric Recommended Core Measures

NQF: 002 Appropriate Testing for Children and Pharyngitis

NQF: 024 Weight Assessment and Counseling for Nutrition and Physical Activity

NQF: 033 Chlamydia Screening for Women

NQF: 038 Childhood Immunization Status

NQF: 069 Appropriate Treatment for Children with Upper Respiratory Infection

NQF: 108 ADHD: Follow-Up Care for Children Prescribed ADHD Medication

NQF: 418 Preventative Care and Screening: Screening for Clinical Depression and Follow-Up

NQ:F 036 Use of Appropriate Medication for Asthma

**NQF: TBD Children Who Have Dental Decay or Cavities** 



# Reporting Specifications

Each eCQM can be described in 3 different ways depending on the intended use:

**HTML** - This is a human readable format so that the user can understand both how the elements are defined and the underlying logic used to calculate the measure.

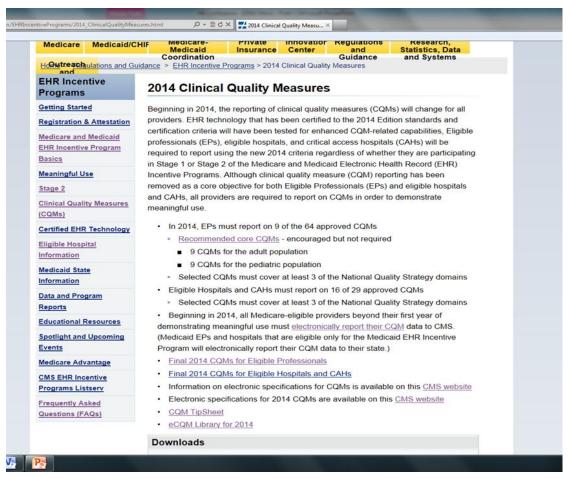
**XML** – This is a computer readable format which enables the automated creation of queries against an EHR or other operational data store for quality reporting.

**Value Sets** – Value sets are the specific codes used by developers to program the system to accurately capture patient data in the EHR system.



#### References/Resources

http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2014\_ClinicalQualityMeasures.html





#### **CQM** Tip Sheet

#### 2014 Clinical Quality Measures Tipsheet

Last Updated: August, 2012

#### **Criteria for Reporting Clinical Quality Measures**

#### Medicare EHR Incentive Program

Beginning in 2014, the reporting of clinical quality measures (CQMs) will change for all providers. EHR technology that has been certified to the 2014 standards and capabilities will contain new CQM criteria, and eligible professionals (EPs), eligible hospitals, and critical access hospitals (CAHs) will report using the new 2014 criteria regardless of whether they are participating in Stage 1 or Stage 2 of the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. Although clinical quality measure (CQM) reporting has been removed as a core objective for both EPs and eligible hospitals and CAHs, all providers are required to report on CQMs in order to demonstrate meaningful use.

#### 2013

- > Eligible Professionals (EPs), will continue to report from the 44 measures finalized for Stage 1 in the same schema laid out for Stage 1
  - 3 core/alternate core
  - 3 additional measures for EPs
- Eligible hospitals and CAHs will continue to report the 15 measures finalized for Stage 1
- Beginning in 2012 and continuing in 2013, there are two reporting methods available for reporting the Stage 1 measures:
  - Attestation (https://ehrincentives.cms.gov/)
  - eReporting Pilots:

- Dhysician Quality Panarting System EHP Inconting Program Dilat for EDs











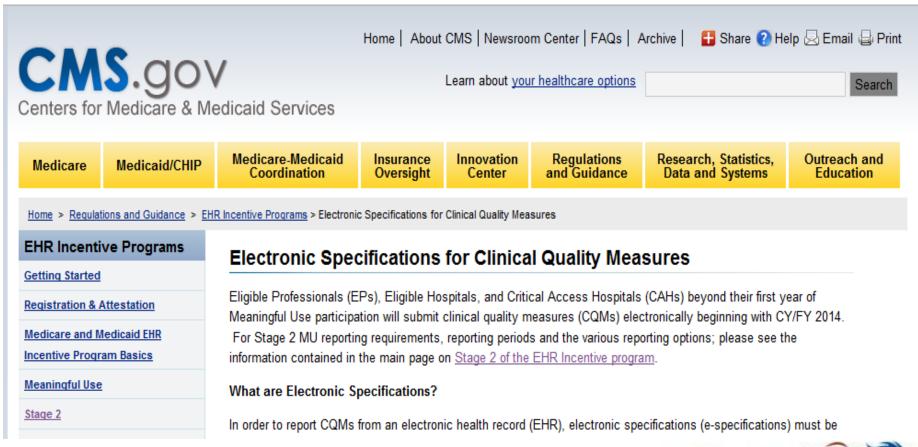






#### References/Resources

http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Electronic\_ Reporting\_Spec.html





#### **Additional MU Information**

- CMS EHR Incentive Program Home Page
- http://www.cms.gov/EHRIncentivePrograms/
- Office of National Coordinator for Health IT
- http://healthit.gov/
- http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/201 4\_ClinicalQualityMeasures.html
- http://www.healthit.gov/providersprofessionals/how-attain-meaningful-use
- http://www.cms.gov/apps/ama/license.asp?file=/ QualityMeasures/Downloads/EP\_MeasureSpecifications.zip

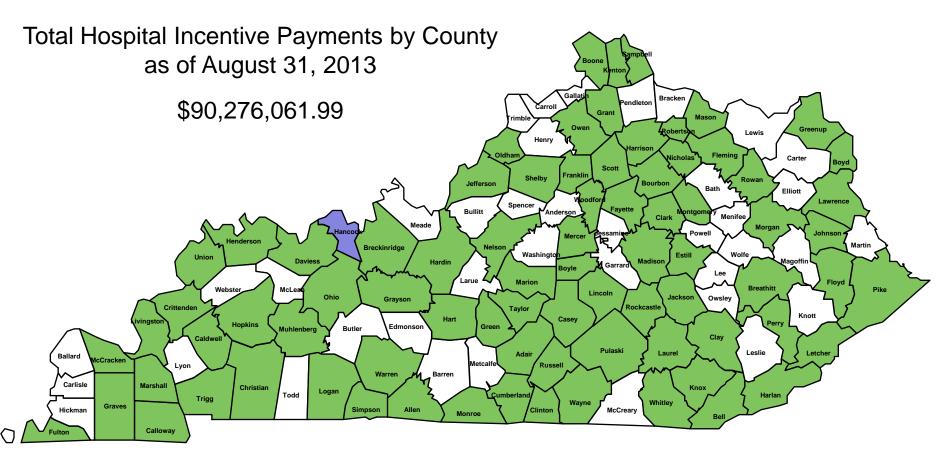


# Carla Mitchell Project Manager Medicaid EHR Incentive Program

Cabinet for Health and Family Services



### **Medicaid EHR Incentive Payments**

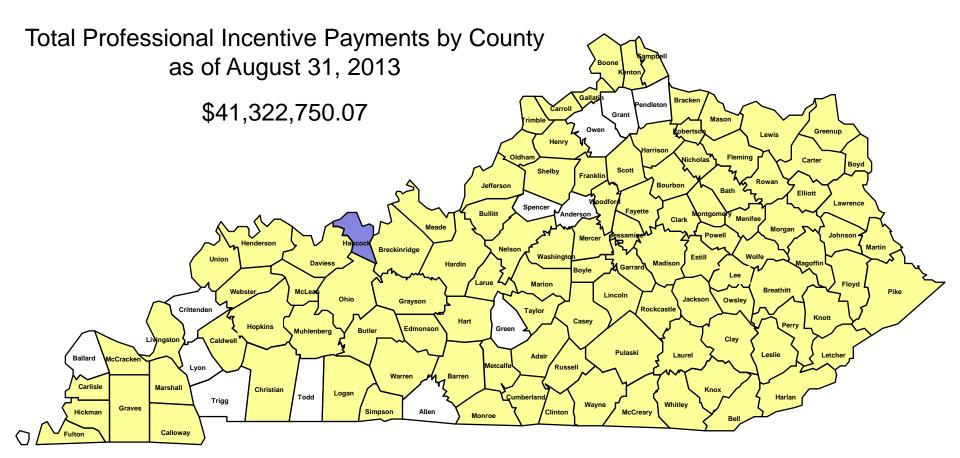








## **Medicaid EHR Incentive Payments**



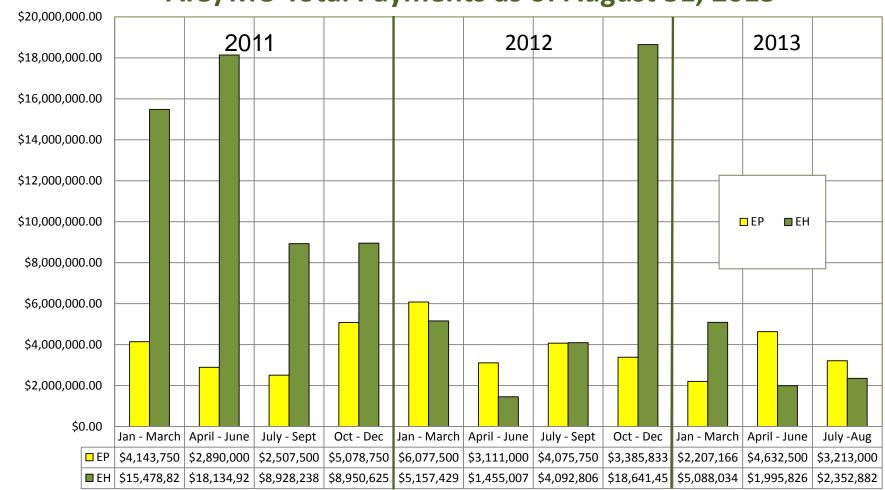






#### **EHR Incentive Tracking**

#### AIU/MU Total Payments as of August 31, 2013







#### Questions

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